PTO/SB/17 (10-06)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2009				Complete if Known				
			Application Nu			10/613,736-Conf. #4723		
			Filing Date		July 3, 2003			
			First Named In	ventor	Arthur M. Krieg			
			Examiner Nam		N. Archie			
Applicant claims small entity status. See 37 CFR 1,27			Art Unit	4045				
TOTAL AMOUNT OF PAYMENT (\$) 180.00			Attorney Docket No. C1037.70044US		JS00			
METHOD OF PAYMENT	(check al	li that apply)				,	******	
Check X Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH	AND EX	AMINATION FEES						
	FIL		EARCH FEES		NATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee	Small Entity Shall Entity	/ Fee (\$)	Small Entity Fee (\$)	Fees I	Paid (\$)	
Utility	330	165 540		220	110			
Design	220	110 100		140	70			
Plant	220	110 330		170	85			
Reissue	330	165 54		650	325			
Provisional	220) 2/0	0.50	0			
2. EXCESS CLAIM FEES	220	110	, ,	U	Ū	-	Small Entity	
						Fee (\$)	Fee (\$)	
Fee Description Each claim over 20 (includi	ng Reissia	es)				52	26	
Each independent claim over				220	110			
Multiple dependent claims		,				390	195	
		Fee Paid (\$)	1	Multiple Depend	ent Claims	3		
-20 or HP x =					Fee Paid (
HP = highest number of total clair	ns paid for, i	f greater than 20.						
Indep. Claims Ext	ra Claims	Fee (\$)	Fee Paid (\$)					
3 or HP =		× =		=				
HP = highest number of independ	lent claims p	aid for, if greater than 3.						
3. APPLICATION SIZE FEE		1 100 -14 f			61. d			
If the specification and dra listings under 37 CFR 1	wings exc 52(e)) th	seed 100 sneets of pape se application size fee	r (excluding elec- lue is \$270 (\$134	for small	med sequence or entity) for each a	dditional 5	n	
sheets or fraction there					onercy y tor outline	uaraonar 2	v	
	tra Sheets		additional 50 or fr		of Fee (\$)	Fee	Paid (\$)	
- 100 =						-		
4. OTHER FEE(S)						Fees	Paid (\$)	
Non-English Specification	Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing su	rcharge):	1806 Submission of	an Information	Disclosure	e Statement	18	30.00	
SUBMITTED BY								
Signature	attis	MA -	Registration No.	48,207	Telephone	617.646	3 8000	
- 1 WO		+00	(Attorney/Agent)	70,207				
Name (Print/Type) Maria A.	revisan				Date S	eptembe	25, 2009	

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Dated: September 25, 2009	Signature: (Amelia 5, Lennon)							
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